



Account Maintenance

All changes **must** be accompanied by a signature. **Note:** It is only necessary to complete those sections of the form in which you would like to make a change. If there are joint registrants, the signatures of both parties **must** be present. Upon completion of any requested change, you will receive a confirmation letter. If you have any questions or concerns regarding this form, please call us at 800-728-8762.

Customer Information

Saturna Account Number (if available):

Account Owner / Custodian / Trustee:

Social Security Number:

Joint Owner / Minor / Name of Trust:

Social Security Number:

Mail or fax completed forms to:

Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596

F: 360-734-0755

Change of Address

New Street Address:

City

State

Zip

Email:

Daytime Telephone:

Evening Telephone:

Automatic Investment Plan (please attach voided check - request will not be processed without voided check)

Initiating Investing Plan Update & Replace Existing Bank Information Add as Secondary Account

Name of Bank:

ABA Routing Number:

Account Number:

Type of Account: Checking Savings

\$25 Minimum Per Fund after initial contribution.

Saturna Account Number:

Amana Growth

every

Amana Income

(Specify period & date: i.e. "every month on the 15th")

Amana Developing World

Sextant Growth

Sextant International

Sextant Core

Sextant Short-Term Bond

Sextant Bond Income

Idaho Tax-Exempt

Internet Services (to set up your Saturna account online and establish a PIN, call 800/SATURNA)

Transaction confirmations and shareowner reports may be sent to my email address:

Instead of paper mailings (save paper and postage)

In addition to paper mailings

Signature

Date

Joint Signature

Date

Check Writing Privilege

\$500 per check minimum – \$10 charge per checkbook

I (We) hereby request the Custodian to honor checks drawn by me (us) on my (our) account subject to acceptance by the Funds, with payment to be made by redeeming sufficient shares in my (our) account. None of the custodian bank, Saturna Capital Corporation, nor any Sextant Mutual Fund shall incur any liability to me (us) for honoring such checks, for redeeming shares to pay such checks, or for returning checks which are not accepted.

Single Signature Authority – Joint Accounts only: (Checks for joint accounts require both signatures unless this box is marked to authorize checks with a single signature). By our signatures below, we agree to permit check redemptions upon the single signature of a joint owner. The signature of one joint owner is on behalf of himself and as attorney in fact on behalf of each other joint owner by appointment. We hereby agree with each other, with the Funds and with Saturna Capital Corporation that all moneys now or hereafter invested in our account are and shall be owned as Joint Tenants with Right of Survivorship, and not as Tenants in Common.

Designation of IRA Beneficiary

All Saturna IRAs under the provided Social Security Number will be updated. This beneficiary designation will cancel any previous designations on file.

Primary Beneficiary(ies):

First Name: M.I. Last Name: Relationship:

Date of Birth: -- Social Security Number: -- Share:
MM DD YYYY

First Name: M.I. Last Name: Relationship:

Date of Birth: -- Social Security Number: -- Share:
MM DD YYYY

Secondary Beneficiary(ies): (In the event there are no surviving Primary Beneficiaries.)

First Name: M.I. Last Name: Relationship:

Date of Birth: -- Social Security Number: -- Share:
MM DD YYYY

First Name: M.I. Last Name: Relationship:

Date of Birth: -- Social Security Number: -- Share:
MM DD YYYY

If you name someone other than your spouse as primary beneficiary and reside in a community property or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to this designation, which is represented by your spouse's signature above.

If you have any questions about this form, please contact Saturna Capital Corporation at 800/SATURNA.

You may wish to consult your legal adviser to ensure that this form complies with your will and with your state's laws of testamentary disposition.

Identification

Driver's License Number of Primary Owner: State of Issuance: Driver's License Number of Joint Owner: State of Issuance:

You may also establish your identity with a copy of your passport or other government issued document.

Signature

The undersigned warrants that I (we) have full authority to make this change, am (are) of legal age, and have received and read a current Prospectus and agree to be bound by its terms. *Unless this sentence is struck*, I (we) certify, under penalties of perjury, that I (we) am (are) not subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code. This application is not effective until it is received and accepted.

Signature

Date

Joint Signature

Date